

HEALTH OFFICER.

COLL. CASES Statistics Showing that to Employ them is Economical.

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VALUE OF PREVENTIVE SANITATION.

Dr. Wm. Oldright, of this city, Chairman of the new Provincial Board of Health, when in Lansing, Michigan, recently, had a conversation with Mr. John K. Allen, chief clerk in the Bureau of Health there, on the question of health officers. In answer to a request made at that time by Dr. Oldright, Mr. Allen writes the following letter, with statistics, to THE GLOBE, to show the economy of having health officers appointed:—

(To the Editor of The Globe.)

SIR,—I have been requested by Dr. William Oldright, Chairman of the newly-appointed Provincial Board of Health of Ontario, to give some statistics which will show the economy of having health officers. In complying with his request, I may be pardoned, in view of the interest with which this subject is now regarded by the medical profession, for enlarging somewhat upon his request, and giving some views on the

CASH VALUE OF PREVENTIVE SANITATION.

It may be deemed bold to call vaccination a measure of preventive sanitation, but as such I regard it. Previous to vaccination becoming so wide-spread as a preventive of smallpox, that disease was more prevalent and fatal than are diphtheria and scarlet fever at the present day. Since the general adoption of vaccination, it has become as easy to restrict an outbreak of smallpox to the first case as it is to extinguish a lighted match held in the fingers. The difference, then, in the number of cases of smallpox occurring in one year before the introduction of vaccination and the number of cases occurring now (other things being equal) in one year would be a measure of the value of vaccination as an economic agent. This difference in the number of cases under the two conditions is so well known that it is not necessary to quote any statistics here to strengthen the argument. It will be conceded by all that it is very desirable that there be some measure or expedient that will prevent diphtheria and scarlet fever as surely as vaccination does smallpox. When this is done, two of the greatest dreads to the loving mother, and two great scourges of our younger population will be deprived of their power to torment and to kill. In order to show the relative importance of diphtheria and scarlet fever as agents of death, as compared with smallpox, against which we have an almost certain shield, I have compiled a table showing the deaths in Michigan from each of these diseases during each of the fourteen years, 1867 to 1880, which here follows:—

Table showing the number of deaths returned as having occurred from certain contagious diseases in Michigan in each of the 14 years, 1867-80:—

	Diphtheria.	Scarlet Fever.	Small-pox.
1867*	110	23	17
1868*	72	46	8
1869	69	252	42
1870	121	852	9
1871	121	696	73
1872	192	565	302
1873	217	580	90
1874	213	440	18
1875	207	423	20
1876	311	377	76
1877	593	404	102
1878	387	418	6
1879	1,473	418	6
1880	1,542	370	3
Total in 14 years.....	6,148	5,897	778
Average of 14 years....	439	421	56

* The year 1867 is the year ending April 5, 1868, and the year 1868 is that portion of the year after April 5 to Dec. 31, 1868.

From the above table it will be seen how comparatively insignificant smallpox as a cause of death appears when studied with diphtheria and scarlet fever. How many deaths have been saved by vaccination! For it is believed that smallpox now without vaccination would be fully as prevalent and as fatal as it was before vaccination was introduced. Now if the deaths from diphtheria and scarlet fever could be reduced to the number caused by smallpox, what great expenses of sickness, how many heart-breaking griefs, and how much money-producing talent would be saved.

CAN DIPHTHERIA AND SCARLET FEVER BE PREVENTED?

"What has been done can be done." These diseases have been confined to the first cases, and the same measures applied again would have a like result. These measures include:—

(a) An active Board of Health and a competent health officer.

(b) Prompt notice of sickness to the health officer before exposure of other persons.

(c) Isolation of those sick and the necessary attendants.

(d) After recovery or death a thorough disinfection of all rooms, clothing, or other material liable to become infected.

These four measures with the details as practised by a faithful and efficient health officer, would reduce the cases of these diseases to a minimum, and be economical to the jurisdiction to which he might belong.

It is false economy to secure a health officer without furnishing adequate compensation. It is impossible to secure the best work from unpaid officials. It is cheaper to pay a health officer \$1,000 per year (a low figure) and be free from epidemic diseases, than to have no health organization and depend on chance for immunity from a disease which, like fire, catches from the slightest spark, and can only be extinguished early or at that point where, by reason of its own destructiveness, there is a paucity of material for it to feed upon.

Believing that it does pay to have good health officers,

I remain, &c.,

JOHN K. ALLEN.

Lansing, Mich., April 21, 1882.

